

Welcome to BLU's Criminal Background Investigations Training



**Presented by DBHDS'
Background
Investigations Unit**



Background Investigations Unit

- **Malinda Roberts, Supervisor**

By phone 804-786-6384

By e-mail

malinda.roberts@dbhds.virginia.gov

- **Belinda Turner, Processing Specialist**

By phone 804-887-7393

By e-mail

belinda.turner@dbhds.virginia.gov

- **Diane Anthony, Processing Specialist**

By phone 804-786-5859

By e-mail

diane.anthony@dbhds.virginia.gov



Importance of Criminal Background Checks and Name/Sex Offender Searches

- **The purpose of the training is to give guidance to providers to ensure compliance with the law and Licensing regulations.**
- **To ensure the protection of consumers from individuals that may have barrier crime convictions.**
- **To learn and understand the new process of requesting criminal background checks.**





BIU Web Page

- **Attachments and forms are downloadable from BIU's web page**
- <http://www.dbhds.virginia.gov/human-resource-development-and-management/background-investigations-unit>



What to do first?

- Make sure you have submitted your Form #001 – Contact and Information.
- Set Up Your Fieldprint Account by using the Fieldprint Fingerprint Program Setup Wizard
 - ☐ Enter your organization's general information including address, phone and fax numbers
 - ☐ Enter the primary contact for your organization, including address, contact person, phone and e-mail address
 - ☐ Choose your credit card payment option.
 - Organizational credit card or
 - Self (applicant) pay



Attachments

3–Disclosure Statement for Applicant;

4-Authority for Release of Information;

5 – Disclosure Statement for Sponsored Residential; and

6 – Applicant's Rights Statement.

How have they changed or have they stayed the same?

Attachment 3

Rev. 03/19

Attachment 3

Disclosure Statement for Licensed Private Provider Employees

A criminal history background investigation is required by law (§ 37.2-416 (B,(i)), *Code of Virginia*) on each individual who was not an employee or service provider at the facility prior to July 1, 1999. (Please type or print clearly.)

Licensed Provider Business Name	Licensed Provider Number (3 or 4 digit)
Applicant's Name (Last, First, Middle)	Social Security Number <input type="checkbox"/> No SSN #
Mailing Address (Street, City, State, Zip)	Phone Number (Area Code + Number)
In Virginia or any other location: Have you ever been or are the subject of a founded complaint of child abuse or neglect? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.	
Have you ever been <u>convicted</u> * of or are you the <u>subject of pending charges</u> for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.	
<i>Convictions include <u>all</u> adult convictions <u>as well as</u> Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.</i>	
*If convicted of misdemeanor assault & battery, were any of these convictions committed while employed in a direct consumer care position? <input type="checkbox"/> No <input type="checkbox"/> Yes	
I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as an employee; and (2) the information on this disclosure statement is subject to verification.	
Signature of Applicant	Date

Reminder – Provider must retain a copy in criminal background request file.

DBH 960E 1127 R03/19

Department of Behavioral Health and Developmental Services (DBHDS)

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

STAYING THE SAME

I hereby authorize any investigator or duly accredited representative of the Department of Behavioral Health and Developmental Services (DBHDS) bearing this release, or a copy thereof, to obtain any information from law enforcement/criminal justice agencies and report the results of such search to the agencies, facilities, or individual(s) authorized to receive same. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by DBHDS and may be disclosed to such third parties as indicated below in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): _____

Print Name (Full Name): _____

Other Names Currently or
Previously Used
(Maiden, Former Married,
Religious, etc.): _____

Current Address: _____

Telephone Number: () _____ Date: _____

Release to: _____
(Licensed Provider Name and Provider Number)***NOTE: Providers - Please retain for your records only.**

Attachment 5

Rev.03/19

Attachment 5

Sponsored Residential and/or Shared Living Individuals

Disclosure Statement

A criminal history background investigation is required by law (§ 37.2-416 (B (ii), (iii), (iv) (v) *Code of Virginia*) on any sponsored residential applicant (SRA), any adult living in the home of a SRA, any person employed by a SRA to provide services in the home, and/or any person who enters into a shared living arrangement with a person receiving medical assistant services. (Please type or print clearly.)

Licensed Provider Business Name	Licensed Provider Number (3 or 4 digit)
Name (Last, First, Middle)	Social Security Number <input type="checkbox"/> No SSN #
Mailing Address (Street, City, State, Zip)	Phone Number (Area Code + Number)
Changed to Attachment 5	
In Virginia or any other location: Have you ever been or are the subject of a founded complaint of child abuse or neglect? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.	
Have you ever been <u>convicted</u> * of or are you the <u>subject of pending charges</u> for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.	
Convictions include <u>all</u> adult convictions <u>as well as</u> Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.	
*If convicted of misdemeanor assault & battery, were any of these convictions committed while employed in a direct consumer care position? <input type="checkbox"/> No <input type="checkbox"/> Yes	
I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as a SRA, and/or to provide services for a SRA; and (2) the information on this disclosure statement is subject to verification.	
Signature of Individual	Date

Original – DBHDS' BIU

Copy – Licensed Provider

Department of Behavioral Health and Developmental Services

**REQUEST FOR CRIMINAL RECORDS INVESTIGATIONS FOR
EMPLOYEES AFFILIATED WITH DBHDS' LICENSED PROVIDERS**

To be completed by the Provider only.

NO LONGER GOING TO BE USED									
1. (a) Last Name			(b) First Name			(c) Middle Name			
(d) All other names currently or previously used (Maiden, Former Married, Religious, etc.)									
2. Social Security Number			3. Date of Birth (month, day & year)			4. Gender		5. Race*	
6. Height (ft & in)		7. Weight (lbs)		8. Eye Color*		9. Hair Color*		10. Place of Birth (State or Country)	
11. Application Date for Employment					12. Hire Date/Transfer Date				
13. Applicant Status (check one) <input type="checkbox"/> Transfer <input type="checkbox"/> Original Employee									
14. Applicant hired only for compensated employment at <input type="checkbox"/> ASATF <input type="checkbox"/> AMHTF <input type="checkbox"/> Not Applicable									
*Use Race, Eye and Hair Color codes on Attachment 1 (print card)									
1. DATA (for type)									
1. Licensed Provider Name and Address									
2. Provider Number (3 or 4 digit)									
3. Date of Request					4. Contact Person				
5. Phone Number					6. Email Address				

Original – DBHDS' BIU

Copy – Licensed Provider

Department of Behavioral Health and Developmental Services

APPLICANT'S RIGHTS

Code of Federal Regulations § 16.32 – 34 of Title 28, outlines procedures for: (1) obtaining a copy of your FBI criminal history background check report; and (2) challenging its accuracy and completeness. If you are seeking employment at a facility that provides residential services for children, you are entitled to obtain a prompt determination about the validity of your challenge before final determination is made about your eligibility for employment.

If you are denied employment because of information contained in your FBI criminal history background check report **and** you wish to challenge the accuracy of the report, you must send a notarized request for a copy of the report to the Central Criminal Records Exchange (CCRE) or directly to the Assistant Director of the FBI Identification Division, Attn: Special Correspondence Unit, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306. The request must specifically state that the only reason you desire the report is to challenge its accuracy. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. (If you have been permitted to provide services pending the provider's receipt of criminal history record information about you, the provider may suspend you, while a final determination is made about your fitness for employment.)

**NO LONGER GOING TO
BE Attachment 8;
instead it will be
Attachment 6**

Applicant Signature_____
Date

***NOTE: Providers - Please retain for your records only.**

**SPONSORED RESIDENTIAL PROGRAMS AFFILIATED WITH DBHDS' LICENSED PROVIDERS
REQUEST FOR CRIMINAL RECORDS INVESTIGATIONS**

<div style="text-align: center;"> INDIVIDUAL DATA <small>(Please print only)</small> </div>		
(a) Last Name	(b) First Name	(c) Middle Name

Copy – Licensed Provider

Takes the place of Attachment 12-1

Rev. 03/19

Attachment 7-1

Part I – PRIVATE PROVIDER REQUEST TO DISCONTINUE REPRINTS

TO: Background Investigations Unit (BIU)
Department of Behavioral Health and Developmental Services (DBHDS)
P.O. Box 1797
Richmond, Virginia 23218-1797
Telephone: (804) 786-6384 Fax: (804) 786-4146 Email: Malinda.roberts@dbhds.virginia.gov

Provider representative should fill in requested information, sign and date the request form and forward the first page only to the BIU. Request form may be forwarded by mail or fax.

Fingerprints must have been rejected at least three times by the FBI and/or the State Police prior to submitting this request. In addition, more than one person should have tried to obtain good prints.

Licensed Provider Business Name		Licensed Provider Number (3 or 4 digit)	
Applicant or Individual Name (Last, First, Middle)		Social Security Number	<input type="checkbox"/> No SSN #
Please check what type of status			
Individual Status	<input type="checkbox"/> Sponsored Residential Applicant		<input type="checkbox"/> Adult Living in Home
	<input type="checkbox"/> Sponsored Residential Employee		<input type="checkbox"/> Live In Companion
Applicant Status	<input type="checkbox"/> Owner <input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Original Employee		
AGENCY WHOSE REPRINTS YOU WISH TO DISCONTINUE (check one)		<input type="checkbox"/> State Police <input type="checkbox"/> FBI <input type="checkbox"/> Both	
<ul style="list-style-type: none">If you are requesting the discontinuance of fingerprint cards for only one agency (State Police or FBI), complete only the questions pertaining to that agency and enter N/A in the areas pertaining to the other agency. (Example = Termination of State Police reprints, enter N/A in FBI section)			
STATE POLICE			
Have prints been returned 3 times as non-classifiable?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates prints were taken at Fieldprint location		TCN number	
<input type="checkbox"/> 1			
<input type="checkbox"/> 2			
<input type="checkbox"/> 3			
FBI			
Have prints been returned 3 times as non-classifiable?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates prints were taken at Fieldprint location		TCN number	
<input type="checkbox"/> 1			
<input type="checkbox"/> 2			
<input type="checkbox"/> 3			
REQUESTOR'S SIGNATURE			
		DATE	

Takes the place of Attachment 12-2

Rev.03/19

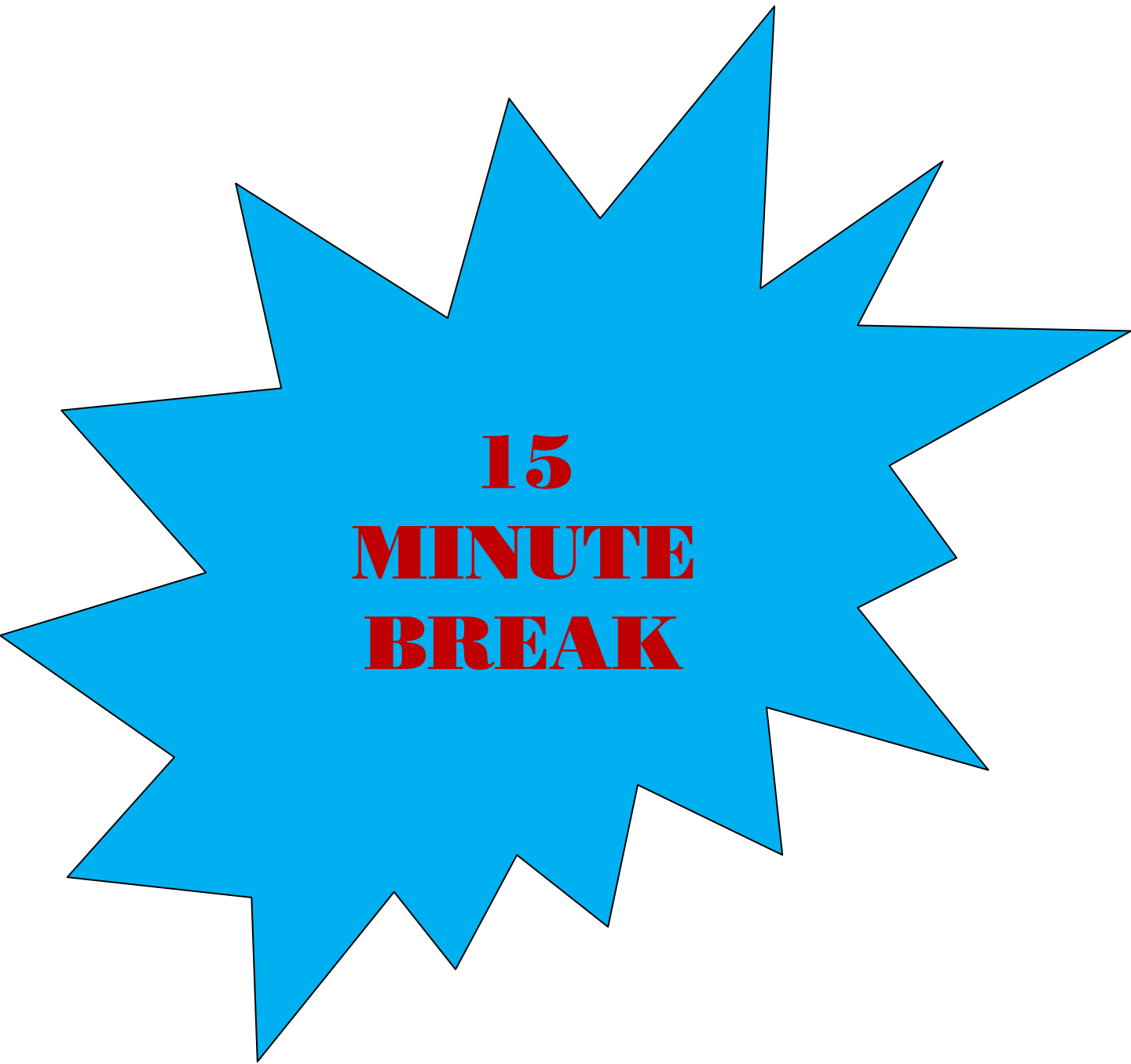
Attachment 7-2

Part II – CONFIRMATION AND RESPONSE

THIS SECTION TO BE COMPLETED BY BACKGROUND INVESTIGATIONS UNIT ONLY.

Licensed Provider Business Name		Licensed Provider Number (3 or 4 digit)	
Applicant or Individual Name (Last, First, Middle)		Social Security Number <input type="checkbox"/> No SSN #	
Results of FBI fingerprint check received:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Results of VSP fingerprint check received:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
FBI screening results:			
VSP screening results:			
The information provided by the provider regarding the number of times rejected is:			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Discrepancy (if any):			
	Permission was not given to discontinue reprints for reason(s) shown above (Check one or both)	<input type="checkbox"/> State Police <input type="checkbox"/> FBI	
	Permission was given to discontinue reprints through (Check one or both)	<input type="checkbox"/> State Police <input type="checkbox"/> FBI	
Name check has been requested on			
Name check was received on			
Applicant was: Check one: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> Adequate Information Unavailable			
Comments:			
BIU REPRESENTATIVE		DATE	

DBH 960E 1234 R0319





COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

JACK BARBER, M.D.
INTERIM COMMISSIONER

CONFIDENTIAL

November 2, 2016

Ms. Michele Smith
CJW Medical Center, Inc. (246)
7101 Jahnke Road,
Richmond, Va 23225

**Not Eligible w/ Virginia
Criminal Record**

RE: [REDACTED]

Dear Ms. Smith:

An analysis and comparison of the investigation results obtained from the Federal Bureau of Investigations and Virginia State Police confirms that the above referenced Applicant is **not eligible** for employment pursuant to Virginia Code § 37.2-416 (a), (b), and/or (c).

If the Applicant wishes to challenge the Virginia criminal history record, a copy of the challenge procedures may be found in your procedures for DBHDS' Licensed Providers. However, if you cannot locate this documentation and/or have any questions, please contact my office at (804) 786-6384.

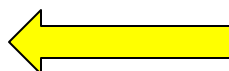
Sincerely,

Malinda C. Roberts

Malinda Roberts, Supervisor
Background Investigations Unit

MCR/

Enclosures
pc: Licensing Specialist
File





COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
VETERINARIAN COMMISSIONER

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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www.dbhds.virginia.gov

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November 2, 2016

Mr. Antonio Allen
Acclaim Care, Inc. (2931)
2915 Hungary Road
Henrico, VA 23228

RE: [REDACTED]

**Not Eligible w/No
Virginia Criminal
Record**

Dear Mr. Allen:

The criminal record investigation report is based solely on the results received from the FBI. Therefore, pursuant to Virginia Code § 37.2-416 (a), (b), and/or (c) the above named Applicant is

☐
☒

Eligible
Not Eligible

for employment in a direct client care position with your organization.

If you have any questions, please contact my office at (804) 786-6384.

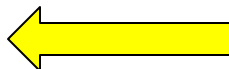
Sincerely,

Malinda C. Roberts

Malinda C. Roberts, Supervisor
Background Investigations Unit

MCR/

pc: File
Licensing Specialist





COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
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November 2, 2016

Ms. Michele Smith
CJW Medical Center, Inc. (246-001)
7101 Jahnke Road,
Richmond, Va 23225

RE: [REDACTED]

Dear Ms. Smith:

An analysis and comparison of the investigation results obtained from the Federal Bureau of Investigations and Virginia State Police confirms that the Applicant meets the criteria for employment pursuant to Virginia Code § 37.2-416 (E). Therefore, the Applicant is **eligible for employment** if after your review of the Disclosure Statement: (1) the Applicant certified that the conviction was not committed within the scope of his/her employment in a direct consumer care position; and (2) the Applicant disclosed the conviction.

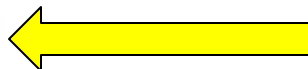
If you have any questions, please contact my office at (804) 786-6384.

Sincerely,

Malinda C. Roberts

Malinda C. Roberts, Supervisor
Background Investigations Unit

MCR/
Enclosures
pc: Licensing Specialist
File



**Eligible w/ a
Misdemeanor Assault
and Battery + 10 years**



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Fax (804) 371-6638
www.dbhds.virginia.gov

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November 2, 2016

Eligible w/ Deferment

Ms. Camille Pitts
Support Services of Virginia, Inc. (170-001)
420 Investors Place
Suite 101
Virginia Beach, VA 23452

RE: [REDACTED]

Dear Ms. Pitts:

This criminal record investigation report is based on results received from the FBI and the Virginia State Police. Therefore, pursuant to Virginia Code §37.2-416 (a), (b), and/or (c) the above named Applicant is:

- ☒ Eligible
☐ Not Eligible

for employment in a direct client care position with your organization.

However, based on the attached State Police record and additional researched documentation, Quinn Campbell was charged with a "barrier crime". However, the Courts placed the individual in a deferred status until August 20, 2015. Therefore, your organization needs to follow-up with them and/or the courts to determine the charge was dismissed. Moreover, if they were found guilty of this charge, they will be "not eligible" for employment.

If you have any questions, please contact my office at (804) 786-6384.

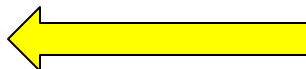
Sincerely,

Malinda C. Roberts

Malinda C. Roberts, Supervisor
Background Investigations Unit

MCR/

pc: Licensing Specialist
File (# 170-001)





COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
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Richmond, Virginia 23218-1797

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www.dhhs.virginia.gov

CONFIDENTIAL

November 2, 2016

Mr. Brian Hawkins
Rest Haven Homes, LLC (2090-001)
1005 Bland Street
Norfolk, VA 23513

RE: [REDACTED]

**FBI Eligible/VSP
record w/ continued
charge (barrier crime).**

Dear Mr. Hawkins:

This criminal record investigation report is based on results received from the FBI and the Virginia State Police. Therefore, pursuant to Virginia Code §37.2-416 the above named applicant is:

- ☒ Eligible
☐ Not Eligible

for employment in a direct client care position with your organization.

However, based on the attached State Police record and additional researched documentation, [REDACTED] was charged with a "barrier crime". However, the charge was continued until August 11, 2016. Therefore, your organization needs to follow-up with them and/or the courts to determine the outcome of the charge and whether it was dismissed. Moreover, if they were found guilty of this charge, they will be "not eligible" for employment.

If you have any questions, please contact my office at (804) 786-6384.

Sincerely,

Malinda C. Roberts

Malinda C. Roberts, Supervisor
Background Investigations Unit

MCR/

PC: Licensing Specialist
File (#2090-001)

GNI1.00190.VCIN REPLY

VAVSP00N3

THE FOLLOWING RECORD PERTAINS TO SID/VA2375691W

VIRGINIA CRIMINAL RECORD

09/21/2016 PART 1

SID: VA2375691W FBI: 987890XB3

NAMES RECORDED IN VIRGINIA FILES:

SEX RACE DATE OF BIRTH

M W 01/12/1986
M W 01/12/1986

HEIGHT WEIGHT EYES HAIR SCARS/MARKS/TATTOOS
5'11" 205 BRO BRO

LAST REPORTED ADDRESS: 1392 DOW ST
CHRISTIANSBURG, VA 24073

PLACE OF BIRTH: FLORIDA

SOCIAL SECURITY NO(S): [REDACTED]

CONTRIBUTOR/CASE	DATE	CHARGE/DISPOSITION
PD CHRISTIANSBURG	07/15/2016	FINGERPRINTED PHOTO:Y
ORI:VA0600300		
	06/29/2016	CHARGED WITH
	#001	MSDMNR 18.2-57
OTN:121GM1600006980		ASSAULT: (MISDEMEANOR)
		MONTGOMERY CO 06/29/2016
	*****	DISPOSITION NOT RECEIVED
DCN:164434M		

SO MONTGOMERY CO VA	08/02/2016	FINGERPRINTED PHOTO:Y
ORI:VA0600000		
	07/29/2016	CHARGED WITH
	#001	MSDMNR 18.2-456
OTN:121GC1601104201		CONTEMPT OF COURT
		MONTGOMERY CO 07/29/2016
	*****	DISPOSITION NOT RECEIVED
DCN:164665M		

ASL-1313-M1

RECORD AUTOMATED: 07/15/2016 LAST RECORD UPDATE: 08/02/2016

ALL ARREST ENTRIES CONTAINED IN THIS RECORD ARE BASED ON FINGERPRINT COMPARISON
AND PERTAIN TO THE SAME INDIVIDUAL.

*** CAUTION ***

THIS RESPONSE IS BASED ON COMPARISON OF REQUESTOR FURNISHED INFORMATION
AGAINST DATA CONTAINED IN THE FILES OF THE VIRGINIA STATE POLICE CRIMINAL
RECORDS EXCHANGE ONLY AND DOES NOT PRECLUDE THE EXISTENCE OF OTHER CRIMINAL
HISTORY INFORMATION WHICH MAY BE CONTAINED IN THE REPOSITORY OF OTHER LOCAL,

STATE OR FEDERAL CRIMINAL JUSTICE AGENCIES.

CHANGES TO THIS RECORD MAY BE IN PROCESS. A NEW INQUIRY SHOULD BE MADE FOR SUBSEQUENT USE. THE CRIMINAL HISTORY RECORD INFORMATION CONTAINED IN THIS RESPONSE IS DISSEMINATED FOR CRIMINAL JUSTICE PURPOSES ONLY. THE INQUIRER IS RESPONSIBLE FOR MAINTAINING AN AUDIT TRAIL ON ALL SECONDARY DISSEMINATION OF ANY OF THIS INFORMATION.

*** UNAUTHORIZED DISSEMINATION WILL SUBJECT THE DISSEMINATOR TO CRIMINAL AND CIVIL PENALTIES. ***

THIS IS A MULTI-SOURCE RECORD. ADDITIONAL CRIMINAL HISTORY INFORMATION IS INDEXED IN NCIC-III FOR OTHER STATE OR FEDERAL OFFENSES.

END OF RECORD

MRI 190573 IN: UNQ1 10964 AT 21SEP2016 10:30 OUT: GNI1 188 AT 21SEP2016 10:30

GNI1.00602.VCIN REPLY

VAVSP00N3

THE FOLLOWING RECORD PERTAINS TO SID/VA2375691W

VIRGINIA CRIMINAL RECORD

09/21/2016 PART 1

SID: VA2375691W FBI: 987890XB3

NAMES RECORDED IN VIRGINIA FILES:

SEX RACE DATE OF BIRTH

M W 01/12/1986
M W 01/12/1986

HEIGHT WEIGHT EYES HAIR SCARS/MARKS/TATTOOS
5'11" 205 BRO BRO

LAST REPORTED ADDRESS: 1392 DOW ST
CHRISTIANSBURG, VA 24073

PLACE OF BIRTH: FLORIDA

SOCIAL SECURITY NO(S): 238-49-6131

CONTRIBUTOR/CASE	DATE	CHARGE/DISPOSITION
PD CHRISTIANSBURG	07/15/2016	FINGERPRINTED PHOTO:Y
ORI:VA0600300		
	06/29/2016	CHARGED WITH
	#001	MSDMNR 18.2-57
OTN:121GM1600006980		ASSAULT: (MISDEMEANOR)
		MONTGOMERY CO 06/29/2016
	*****	DISPOSITION NOT RECEIVED

DCN:164434M

Montgomery/Christiansburg General District Court

Traffic/Criminal Case Details

Montgomery/Christiansburg

Name Search
Case Number Search
Hearing Date Search
Service/Process Search

Case/Defendant Information

Case Number : GC16011042-00 Filed Date : 07/18/2016 Locality : COMMONWEALTH OF VA
Name : [REDACTED] Status : Released On Recognizance Defense Attorney : [REDACTED]
Address : CHRISTIANBURG, VA 24073 AKA1 : AKA2 :
Gender : Male Race : White Caucasian (Non-Hispanic) DOB : 01/12/****

Name Search
Case Number Search
Hearing Date Search
Service/Process Search

Charge Information

Charge : ASSAULT: (MISDEMEANOR)

Code 18.2-57 Case Misdemeanor Class : 1
Section : Type :
Offense Date : 06/29/2016 Arrest Date : 07/15/2016 Complainant : ANDRES, AMBER
Amended Charge : Amended Code : Amended Case Type :

Hearing Information

Date	Time	Result	Hearing Type	Courtroom Plea	Continuance Code
07/29/2016	08:30 AM	Continued	Arraignment By Clerk		Failure To Appear
08/12/2016	08:30 AM	Continued	Arraignment By Clerk		
09/27/2016	09:30 AM	Continued	Disposition		
11/18/2016	11:00 AM		Disposition		

Service/Process

Disposition Information

Final Disposition :
Sentence 00Months 00Days 00Hours
Time : 00Days 00Hours
Suspended Time :
Probation Type : Probation Time : 00Years 00Months 00Days
Probation Starts :
Operator License

Suspension 00Years
Time :00Months
000Days

Restriction
Effective
Date :

Operator
License
Restriction
Codes :

Fine :

Costs :

Fine/Costs
Due :

Fine/Costs
Paid :

Fine/Costs
Paid Date :

VASAP :

[Back to Search Results](#)

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[Judicial Branch Agencies](#) | [Programs](#)

Build #: 5.2.2.10

If you know the locality of the individual's charge or charges, you can access the below website.

<https://eapps.courts.state.va.us/gdcourts/captchaVerification.do?landing=landing>



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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CONFIDENTIAL

November 2, 2016

Ms. Karen Smith
Insight, Inc. (150-001)
13505 Hillendale Drive,
Woodbridge, VA 22193

**No VSP record nor a
FBI record – Indiv. Is
eligible.**

RE: [REDACTED]

Dear Ms. Smith:

After reviewing both the FBI and the Virginia State Police Criminal Record Investigation Reports, pursuant to Virginia Code §37.2-416 (a), (b), and/or (c), the above named Applicant has been deemed "**Eligible**" by the FBI and "**No Criminal Record**" was found by the Virginia State Police. Therefore, the Applicant is eligible for employment in a direct consumer care position with your organization.

Enclosed please find the Applicant's fingerprint card that has been processed by the FBI and the Virginia State Police.

If you have any questions, please contact my office at (804) 786-6384.

Sincerely,

Malinda C. Roberts

Malinda C. Roberts, Supervisor
Background Investigations Unit

MCR/

pc: File



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

CONFIDENTIAL

November 2, 2016

Ms. Marilyn Newby
New Beginning, Inc. (001 - 001)
P.O. Box 277,
Waverly, VA 23890

RE:

SS#: [REDACTED]

**FBI Eligible w/
VSP record.**

Dear Ms. Newby:

Enclosed please find the above-referenced Applicant's fingerprint card and attached Virginia criminal record that has been researched by the FBI and the Virginia State Police in pursuant to Virginia Code §37.2-416 (a), (b), and/or (c). As a result of this information and an additional review done by the DBHDS' Background Investigations Unit (BIU) the above-referenced Applicant has been deemed "Eligible" for employment in a direct consumer care position with your organization.

→ Once this information has been reviewed against the Applicant's disclosure statement (attachment 3), you must destroy the Applicant's State record consistent with DBHDS' Licensed Providers Background Investigation Policies and Procedures.

If you have any questions, please contact my office at (804) 786-6384.

Sincerely,

Malinda C. Roberts

Malinda C. Roberts, Supervisor
Background Investigations Unit

MCR/

pc: File



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MEMORANDUM

TO: «ContactFname1» «ContactLname1»
«Organization_Name» («OrgNum»-«ContactID»)

FROM: Malinda Roberts, Supervisor
Background Investigations Unit 

SUBJECT: Results → VSP Record/FBI Non-Classifiable

DATE: November 2, 2016

**VSP record/ FBI
Non-classifiable**

Please find enclosed an itemized list, as well as, a fingerprint card that has been researched and processed by the Virginia State Police (VSP) and the Federal Bureau of Investigations (FBI). The individual's VSP results were found to have a "Criminal Record"; however, the FBI could not read the individual's fingerprints; therefore, deeming them "Prints Non-Classifiable".

Please note the reverse side of the fingerprint card has been stamped "FBI Prints Non-Classifiable" and the individual's Virginia Criminal Record is attached. Please be advised that since the FBI report is still pending your organization may proceed with its own employment decisions based on the attached Virginia record without waiting for the FBI results.

In order to have the "FBI non-classifiable" prints processed again, you will need to have a new fingerprint card completed and submitted to this Office for transmittal to the FBI. Therefore, it is important to make sure you attach the new card to the rejected card along with the attached [livescan](#) message.

This memorandum and the attached itemized list should not be returned with the new fingerprint card, but filed in the «ApplicantType»'s background investigation folder. If you have more than one «ApplicantType» applicant listed on the itemized list, make a copy of both the memorandum and itemized list and place in [each](#) «ApplicantType» each applicant's folder. Also, Attachments 3, 4 & 5 do not need to be resubmitted; BIU has the originals on file.

If the «ApplicantType» is no longer affiliated with your organization and resubmission of prints is not necessary, please advise this Office by e-mail. If BIU has not been contacted within 15 days, this record will be closed. If you have any questions, please contact my office at (804) 786-6384.

MCR/

Enclosures



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JACK BARBER, M.D.
INTERIM COMMISSIONER

MEMORANDUM

TO: Marilyn Newby
New Beginning, Inc. (001-001)

FROM: Malinda Roberts, Supervisor
Background Investigations Unit

SUBJECT: **Results – No VSP Record/FBI Non-Classifiable**

DATE: November 2, 2016

**No VSP record/ FBI
Non-classifiable**

Please find enclosed an itemized list, as well as, a fingerprint card that has been researched and processed by the Virginia State Police (VSP) and the Federal Bureau of Investigations (FBI). The individual's VSP results were deemed as "No Criminal Record"; however, the FBI could not read the individual's fingerprints; therefore, deeming them "Prints Non-Classifiable". Please note the reverse side of the fingerprint card has been stamped "FBI Prints Non-Classifiable" and "No Criminal Record" to show these results.

In order to have the "FBI non-classifiable" prints processed again, you will need to have a new fingerprint card completed and submitted to this Office for transmittal to the FBI. Therefore, it is important to make sure you attach the new card to the **rejected card** along with the **attached notification slip (Virginia State Police, Detail Report)**.

This memorandum and the attached itemized list should not be returned with the new fingerprint card, but filed in the Applicant's background investigation folder. If you have more than one Applicant listed on the itemized list, make a copy of both the memorandum and itemized list and place in each Applicant's folder. Also, Attachments 3, 4 & 5 do not need to be resubmitted; BIU has the originals on file.

If the Applicant is no longer affiliated with your organization and resubmission of prints is not necessary, please advise this Office by e-mail. If BIU has not been contacted within 30 days, this record will be closed.

If you have any questions, please contact my office at (804) 786-6384.

MCR/

Enclosures

Fingerprint Search

New Fingerprint Search Request

Agency Name: DEPT OF BEHAVIORAL DEV SRVS (DBHDS)

Agency ID: 1729

Account Number: A1729

ORI: VAMHMSAZ

Search Information

TCN: 0291615283

Fee: \$0.00

Request Type: Fingerprint Search

Purpose: HEALTH, MENTAL RETARDATION, DRUG ABUSE

Last Name: JACKSON

First Name: KENDRA

Middle Name:

Maiden Name:

Suffix:

Race: Black

Sex: Female

Date of Birth: 09/13/1993

Received Date: 09/29/2016

Non-profit volunteer: ☐

Status: FBI REJECTED

Live Scan Message

MESSAGE 1: A STATE SEARCH OF THE FINGERPRINTS ON THE FOLLOWING

MESSAGE 2: INDIVIDUAL HAS BEEN COMPLETED

MESSAGE 3: FBI REJECTED PRINTS

MESSAGE 4: L0008 - The quality of the characteristics is too low to be used.

Cancel



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MEMORANDUM

TO: Mike Morris
Mainstream Mental Health (1877-001)

FROM: Malinda Roberts, Supervisor
Background Investigations Unit *MR*

SUBJECT: FBI & VSP Prints Non-Classifiable

DATE: November 2, 2016

**VSP & FBI Non-
classifiable**

Enclosed please find an itemized list, as well as a fingerprint card that could not be read and deemed "Prints Non-Classifiable" by the FBI and Virginia State Police.

Please have one fingerprint card completed and submitted to this Office for transmittal to the State Police and FBI. Attach the new card to the rejected card. Also, it is imperative that the notification slip (*Virginia State Police, Detail Report*) that is attached to the rejected card be returned with the new card.

This memorandum and the attached itemized list should not be returned with the new set of fingerprint cards, but filed in the Applicant's background investigation folder. If you have more than one Applicant listed on the itemized list, make a copy of both the memorandum and itemized list and place in each Applicant's folder. Also, Attachments 3, 4 & 5 do not need to be resubmitted; BIU has the originals on file.

There is no additional charge for this submission; however, if the Applicant is no longer affiliated with your organization and resubmission of prints is not necessary, please advise this Office. If BIU has not been contacted within 30 days, this record will be closed.

If you have any questions, please contact my office at (804) 786-6384.

MCR/

Enclosures

pc: File

Fingerprint Search

View Fingerprint Search Request

Agency Name: DEPT OF BEHAVIORAL DEV SRVS (DBHDS)

Agency ID: 1729

Account Number: A1729

ORI: VAMHMRSA2

Search Information

TON: 0291617204

Fee: \$37.00

Request Type: Fingerprint Search

Purpose: HEALTH, ME

Last Name: TAYLOR

First Name: SHENICE

Middle Name:

Maiden Name:

Suffix:

Race: Black

Sex: Female

Date of Birth: 03/06/1992

Received Date: 10/28/2016

Non-profit volunteer: ☐

Status: VA REJECTED

Cancel

“Applicant/Individual Folder”

The following documents should be in your employee/individual folder once all background results have been received from DSS and DBHDS.

- Completed CPS Form (DSS)
- Applicant Fieldprint Confirmation Page
- Applicant and/or sponsored residential individual’s “Eligibility” letter (i.e. FBI w/no VSP record or FBI w/ VSP record)
- Any and all other correspondence received from BIU (i.e., FBI and/or VSP non-classifiable memoranda, etc.)
- Attachment 3, 4 & 6
- Attachment 5 (if applicable)
- Attachment 7-Part I & II (if applicable)
- BIUSP-167 (if applicable)



Questions and Answers